

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|--------------------|--------|---------------------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | <i>[Signature]</i> | 1020 | 4/10/01 05/29/01 |
| RESPONSE FORMALITY REVIEW | | | |

Best Available Copy

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

| Claim | Date | |
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| Final | Original | |
| 1 | 12/31/03 | |
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| Claim | Date | |
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If more than 150 claims or 10 actions
staple additional sheet here

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